# A New Infiltrative Paravertebral Approach for the Cure of Disc Herniation Using $O_2/O_3$

R. VIGLIOLI

Brescia, Italia

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**SUMMARY** - This paper describes a new infiltrative paravertebral approach for the cure of disc herniation using  $O_2$ - $O_3$ .

### Introduction

A high number of patients apply for *infiltrative* paravertebral therapy, or 'complaince' for sciatica and/or severe *cervicobrachialgia* given the crippling effect of the pathology. However, it is still the doctor's duty to try to reduce the emotive impact caused by the pain of the event (even if its invasive nature is limited), maintaining or even improving the favourable outcomes of this method.

#### **Materials and Methods**

At the Chirotherapeutic Center in Brescia, Italy approximately 850 patients have undergone this new operative model over the last two years. The treatment protocol consists in paravertebral monofiltration of the side of the hernia or protrusive lesion, indicated by clear radial symptomology, using a  $0.4 \times 40$  mm needle and injecting 4/5 ml of  $O_2$ - $O_3$  gas at an ozone concentration of -30 mcrg to a depth of  $O_3$ -ml. $O_2$  another followed by 2-3 ml to the more surface muscle for a total of six to eight sessions at three week intervals. With no clear radial symptoms, the scheme is identical, being sure however to alternate the infiltrative site (left-right) at each session and possibly also increase the total number of sessions to eight or ten. The patient can be allowed to stand immediately after the bandage is put in place, so as to reduce the clino-orthostatic time, which will drastically reduce postural hypotension which occurs above all in elderly patients.

## Results

This method has been carried out for two years with very consistent results. Patients' symptomological improvement, meaning a reduction of at least 50% of the VAS score, was achieved in approximately 80% of patients, in line with previous findings. There was also a complete absence of adverse side-effects.

## Conclusions

The shorter 'therapeutic time', low traumatic nature of the method together with the brevity of the cycle (maximum therapy three weeks) all contribute to lowering anxiety in patients and at the same time making the  $O_2$ - $O_3$  therapy safer and more practical while still maintaining its wellestablished therapeutic effects. This approach is considerably less invasive than traditional treatment methods, partially due to the thinner needles, and the smaller volume of gas used in each session. However, it is closely linked to the use of needles at least 40 mm long and three weekly treatment sessions.

> Dr Riccardo Viglioli Via Indipendenza 5/a Brescia -Italy E-mail: chiarila@alice.it

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